MULTILOCULAR CYSTOMA OF THE PANCREAS.

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Numerous cases of cystic tumors of the pancreas have been reported of late years, especially in consequence of the attention which surgeons have directed to lesions of the abdominal viscera. A critical review of the literature of the subject, however, makes it evident that the term pancreatic cyst has been used to indicate lesions differing in etiology, clinical characteristics, and in the results of treatment. Virchow (*Die Krankhaften Geschwülste*, 1863, i. 276) describes two separate varieties under the term *ranula pancreatica*. In the one the entire duct is widened and an ordinary rosary-like dilatation occurs; in the other the duct becomes dilated into a cyst, the contents of which may be slimy, hemorrhagic, or even calculous material.

Nearly twenty-five years later (*Berl. klin. Woch.*, 1887, xxiv. 248) he finds it no longer easy, especially when the cysts are large, to discriminate between the varieties of cystic tumor which may occur in the vicinity of the pancreas. He looks forward to the time, however, when the method of origin of the larger cysts may become more clearly established.

One of the most important contributions to the differentiation of the large cysts in the region of the pancreas was made by Jordan Lloyd (*Brit. Med. Journ.*, 1892, ii. 1051), when he maintained that such cysts might occur in consequence of an injury to this gland as a result of which the wall of the lesser omental sac becomes inflamed and an accumulation of liquid exudation is retained within its cavity. The simultaneous laceration of the pancreas permits the specific secretion of the gland to be mingled with the serous exudation of the omental bursitis.

Occasional instances of multilocular cystic tumors of the pancreas have been reported and have been described as simulating in gross appearances and in structural characteristics the multilocular cystoma of the ovary. Bozeman (*New York Med. Journ.*, 1882, xxi. 46), for instance, removed from the abdomen of a woman, aged forty-one years, a cystic tumor which Garrigues (*Med. Rec.*, 1882, xxi. 286) subsequently described. It consisted of a principal cyst holding two and a half gallons of brown liquid. The wall was trabeculated, the partitions contained large holes, and it bore several secondary cysts of the size of small hen's eggs. The walls were lined with cylindrical or polygonal epithelium, and the hardened section showed that the formation of the secondary cysts took place as in an ovarian cyst. The patient of Riedel (*Arch. f. klin. Chir.*, 1885, xxii. 994), a woman, forty-five years curred some six weeks after the operation. At the autopsy the entire body and tail of the pancreas were found to form a polycystic mass, through which the pancreatic duct could be followed. Cancerous nodules were found in the liver, and Gilbert, who examined the cysts, regarded them as representing a cystic epithelioma, with the new formation of glandular cul-de-sacs presenting a cystic dilatation.

Reference is made in the article just mentioned to a work published by Hanot and Gilbert (*Etudes sur les Maladies du Foie*, Paris, 1888), where a case is referred to in which a series of cysts of various dimensions were found in the pancreas. The tumor was generalized in the liver, and Gilbert regarded it as a tubular pancreatic epithelioma.

A CRITICAL SUMMARY OF THE LITERATURE

ON THE

INOCULABILITY OF CARCINOMA.

By Joseph Sailer, M.D.

Perhaps the most common experiment that has been made for the purpose of elucidating the true nature of malignant tumors is the inoculation of fragments of them into other living beings. The number of experiments of this nature is now very considerable, and the results are astoundingly at variance. They may be divided into certain general groups, depending in part upon the method of procedure, in part upon the animals used as subjects. In order that such experiments should be decisive it is necessary that certain precautions should be observed which in a general way resemble the rules laid down by Koch for the purpose of determining the relation of micro-organisms to disease. First, the nature of the original tumor should be carefully determined by microscopical examination. Second, the inoculation should be made under the most rigid aseptic precautions. The failure to observe this has caused at least one investigator to obtain results that are absolutely valueless. Third, the animal should be kept a sufficient length of time under observation. The maximum has never been determined, but it is conceivable that months or even years may elapse before the tumor develops. Fourth, if a tumor does develop its nature should be carefully determined by microscopical examination, and if it is similar to the original tumor it should be possible to continue the inoculations in other animals. It is, of course, desirable at present, when the parasitic theory of carcinoma is so widely accepted, to make all possible efforts to determine the existence of the